

Assessment of the Rehabilitation Needs of the Inmates of A Selected Rehabilitation Center of Hyderabad : A Survey

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Abstract

Introduction: Rehabilitation is an interdisciplinary specialty that supports a dynamic process of helping an individual to achieve a life that is as independent and self-fulfilling as desired in the physical, emotional, psychological, social and vocational areas of functioning. As a process, rehabilitation is complex, with number of phenomena related to it such as adaptation, stress, adjustment, independence, activities of daily living, self-care, motivation, illness and wellness. **Objectives:** To assess the rehabilitation needs of the inmates and to seek association between rehabilitation needs and selected demographic variables. **Methodology:** A quantitative research approach non-descriptive research design was adopted for the study, subjects of the study include 30 inmates from A selected Deaddiction Center, Hyderabad. The data was collected by a structured checklist. A structured tool was developed by the investigator to assess the rehabilitation needs of the inmates. **Results:** Majority of the inmates 83.3% reported attainment of adequate rehabilitation needs and only 10% inmates reported minimal to no rehabilitation needs fulfilled. **Conclusion:** The goal of psychiatric rehabilitation is to help disabled individuals to develop the emotional, social and intellectual skills needed to live, learn and work in the community with the least amount of professional support.

Keywords: Rehabilitation needs; Inmates; Rehabilitation center.

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Introduction

Rehabilitation is an interdisciplinary specialty that supports a dynamic process of helping an individual to achieve a life that is as independent and self-fulfilling as desired in the physical, emotional, psychological, social and vocational areas of functioning. As a process, rehabilitation is complex, with number of phenomena related to it such as adaptation, stress, adjustment, independence, activities of daily living, self-care, motivation, illness

and wellness. Rehabilitation began to emerge as a separate development within health care only after the First World War. Since then, this has been debated at all levels about existence as a specialty.¹

Rehabilitation can be studied in three stages: prevention of complication, promoting the independence and maintaining independence. It channels body's natural healing process and brain's relearning processes so an individual may recover quickly and effectively as possible. Rehabilitation involves learning new ways to compensate for abilities that have permanently changed due to brain injury or mental illness. There is much that is still unknown about the brain and brain injury rehabilitation. Treatment methods and technology are rapidly advancing as knowledge of the brain and its function increases along with knowing the unknown causes of mental illness.²

The rehabilitation concerns include the financial management, employment, self-care, communication, legal issue, health and other aspects along with various daily living activities

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of a person who is admitted in the rehabilitation center and the assessment of the impairments and the need for them to be rehabilitated. There are certain management interventions for an individual which focuses on assisting on patients to assume control over mental illness and function at highest possible level of independence. The interventions are learning life skills, psychoeducation, behavioral tailoring for medication, training in relapse prevention and coping skills training.³

Methodology

Quantitative research approach was adopted for the present study with non-experimental research design. The study setting selected was a Rehabilitation Center of Hyderabad. The sample consisted of both male and female inmates from a selected Rehabilitation Center and the sample size was 30. Convenient sampling technique was used for the study. The tool was a structured checklist to assess the rehabilitation needs of inmates of rehabilitation center. The check list consisted of 60

items. Part A consisted of demographic variables (5 items) and part B consisted of a structured checklist to assess the rehabilitation needs of inmates of rehabilitation center. An informed consent was obtained from the study subjects. A formal administrative permission was obtained from the Director of the deaddiction center. Data analysis was carried out by descriptive and inferential statistics.

Results

Table 1 shows that majority of the inmates 15 (50%) were middle aged (30–49 years) and 13 (43.3%) were young adults (18–29 years), there were 18 (60%) male inmates and 12 (40%) female inmates, 16 (53.3%) of the subjects had stayed in the hospital for a duration between were having (1–3 years), 17 (56.6%) were hospitalized once, 12 (40%) were diagnosed with schizophrenia and 11 (36.6%) with substance abuse.

Table 2 shows that a larger proportion of the inmates 83.3% reported that rehabilitation needs

Table 1: Frequency and percentage distribution of psychiatric patients as per sample characteristics

(N=30)

S. No.	Demographic Variables	Frequency	Percentage
1.	Age		
	(a) Young adults (18–29 years)	13	43.3%
	(b) Middle age (30–49 years)	15	50%
	(c) Senior citizens (above 50 years)	02	6.6%
2.	Gender		
	(a) Male	18	60%
	(b) Female	12	40%
3.	Duration of Hospital Stay		
	(a) 1–11 months	0	0%
	(b) 1–3 years	16	53.3%
	(c) 4–6 years	10	33.3%
	(d) 7–9 years	03	10%
	(e) More than 10 years	01	3.3%
4.	No. of Hospitalization		
	(a) Once	17	56.6%
	(b) 2–5 times	12	40%
	(c) 6–9 times	0	0%
	(d) More than 10 times	01	3.3%
5.	Diagnosis		
	(a) Schizophrenia	12	40%
	(b) BPAD	05	16.6%
	(c) Substance abuse	11	36.6%
	(d) Personality disorder	02	6.6%

were adequately met whereas 3 (10%) reported minimal to no rehabilitation needs were met and 2 (6.6%) inmates reported to have met their rehabilitation needs moderately.

Table 3 shows that 30 inmates reported that they practice good personal hygiene. 28 inmates said that they understand the difference between healthy and unhealthy food choices and habits and look after

Table 2: Frequency and percentage of the rehabilitation needs of inmates of rehabilitation center. (N=30)

S. No.	Interpretation Score (N=30)	Frequency	Percentage
1.	Minimal to No rehabilitation needs meet (0-20)	3	10%
2.	Moderate rehabilitation needs meet (21-40)	2	6.6%
3.	Adequate rehabilitation needs meet (41-60)	25	83.3%

Table 3: Itemwise Analysis of the rehabilitation needs of the inmates (N=30)

Statement Number	Yes		No		
	Frequency	Percentage	Frequency	Percentage	
I. Financial Management					
1.	Knows to open a bank account and check a bank statement.	24	80%	06	20%
2.	Aware about the immediate consequences of not paying bills such as electricity/phone being cut off.	19	63.3%	11	36.6%
3.	Able to go to the shop, buy things and can calculate without being cheated by others.	24	80%	06	20%
4.	Able to travel independently and manage the expenses without being cheated by the conductor	26	86.6%	04	13.3%
5.	Awareness about the different ways to borrow money (e.g., friends, family) and the advantages and disadvantages of each.	22	73.3%	08	26.6%
II. Employment					
6.	Ability to use newspaper ads, internet and job placement agencies to find a job.	24	80%	06	20%
7.	Ability to compare about an advertised job with ones' skills.	21	70%	09	30%
8.	Understanding about salary and awareness about employee rights	22	73.3%	08	26.6%
9.	You know that your behavior and attitude at work can affect my job and hikes.	20	66.6%	10	33.3%
III. Health					
10.	You understand the difference between healthy and unhealthy food choices and habits and look after my diet.	28	93.3%	02	6.6%
11.	You practice good personal hygiene (e.g., brush teeth and shower-regularly, wash hands after using the bathroom, before eating and regularly when sick.	30	100%	0	0%
12.	You understand the health risks of using drugs, alcohol and smoking.	27	90%	03	10%
13.	Knows where to get reliable information about health issues.	27	90%	03	10%

Statement Number	Yes		No	
	Frequency	Percentage	Frequency	Percentage
IV. Activities of Daily Living				
14. Can plan a weekly menu of nutritious meals and develop a weekly shopping within the budget.	25	83.3%	05	16.6%
15. Can use good kitchen hygiene practices such as washing hands before and after preparing food.	24	80%	06	20%
16. Can clean a house including the toilet, bathroom, sink and stove and change bedsheet and put clean bedsheet.	27	90%	03	10%
V. Interpersonal Relationships				
17. Can initiate and carry a conversation forward.	27	90%	03	10%
18. Knows to convey respect, trust, warmth to others e.g., apologizing, being thankful.	26	86.6%	04	13.3%
VI. Legal Issues				
19. Knows the legal age for marriage for girls is 18 and 21 for boys.	27	90%	03	10%
VII. Personal Care				
20. Knows what are the penalties for selling and buying properties, assault, domestic violence, traffic violation and stealing.	23	76.6%	07	23.3%

Table 4: Domain wise mean scores, modified mean and rank orders of the Rehabilitation needs of the inmates (N=30)

S. No.	Domains	Mean	Modified Mean	Rank Order
1.	Financial Management	22.36	2.03	VI
2.	Employment	20.63	1.87	VII
3.	Health	26	2.6	V
4.	Activities of Daily Living	24.8	2.75	IV
5.	Interpersonnel Relationships	25.37	3.17	II
6.	Legal Issues	26	8.6	I
7.	Personal Care	23.87	2.9	III

their diet. 27 inmates said that they understand the health risk of using drugs, alcohol and smoking. 27 inmates reported that they knew where to get reliable information about health issues. 27 samples said that they can clean a house including the toilet, bathroom, sink and stove and change bedsheet and put clean bedsheet. 27 inmates expressed that they can initiate and carry a conversation and take it forward. 27 of the subjects said that they were aware of social limitations of relationship like family, spouse and friend. 27 inmates said that they understand that taking part in social activities can help them feel better about themselves and improve my confidence. 27 inmates said that they know the legal age for marriage is 18 years for girls and 21 for boys. 29 reported that they can dress themselves in reasonable and acceptable fashion. 11 inmates said that they do not understand there are immediate

consequences of not paying bills such as electricity/ phone being cut off. 11 inmates said that they do not know where to go for help if they run into trouble with debt. 11 inmates said that they do not know how to protect my identity, personal information and financial details on phone or in a safe place. 13 inmates said that they do not know following up an interview with a call, letter or email. 17 inmates said that they do not know how to get help from government agencies to find a job.

Table 4 shows that the mean scores of each domains and further rank order of the rehabilitation of needs of inmates showed that the highest modified mean score was found in 'Legal issues' domain (8.6) and least was found in 'Employment' domain (1.87) with the modified mean. The ascending rank order of the modified mean of rehabilitation areas was in legal issues domain 8.6, IPR domain 3.17, personal

care 2.9, activities of daily living 2.75, health 2.6, financial management 2.03 and employment 1.87.

No significant association was found between rehabilitation needs and selected demographic variables like age, gender and diagnosis because the chi square value is less than table value, but there is significant association between age and rehabilitation needs as the calculated value is more than the table value.

Discussion

A study done by Jonathan Peterson and Anita Lee⁴ aimed to improve Prison Rehabilitation Programs by California Department of Corrections and Rehabilitation found that nearly 1,30,000 inmates have been imprisoned every year. The primary goal of this program is to reduce the recidivism which include behavioral therapy, family therapy, social therapy, career technical education and schooling, improve in interpersonal relationships, occupational therapy with employment preparation, innovative program grants and recreational activities. The present study was intended to assess the rehabilitation needs of inmates of a rehabilitation center which revealed that 83.3% inmates reported that rehabilitation needs were adequately met whereas 3(10%) reported minimal to no rehabilitation needs were met and 2(6.6%) inmates reported to have met the rehabilitation needs moderately. The study is incongruent to the findings of the former study, the present study did not aim to treat recidivism or provide a remedy and therapy to the inmates and the present study was done in a deaddiction center.

As per study done by Wulf Russler⁵ revealed that the needs of the inmates of rehabilitation center is not confined to treatment but also aspects of social role functioning, social relationships, work-employment, leisure, family burden and quality of life are the major interest for a mentally disabled individual living in the community.⁵ The present study explored various domains of rehabilitation needs which similar to the former study and found the highest rank order was found in Legal issues domain with the modified mean of 8.6 and least was found in employment domain with the modified mean of 1.87. The ascending rank order of the modified mean of rehabilitation areas were personal care (2.9), activities of daily living (2.75), health (2.6) IPRs with modified mean

3.17, Personal Care with modified mean 2.9, Health with modified mean 2.6 and Financial Management (2.03). However former study did not report the findings of each domain studied but explored them to be necessary attribute besides treatment and are to be looked upon to meet the rehabilitation needs.

Conclusion

The goal of psychiatric rehabilitation is to help disabled individuals to develop the emotional, social and intellectual skills needed to live, learn and work in the community with the least amount of professional support. The overall philosophy of psychiatric rehabilitation comprises two intervention strategies. The first strategy is individual-centered and aims at developing the patient's skills in interacting with a stressful environment. The second strategy is ecological and directed towards developing environmental resources to reduce potential stressors. Most disabled persons need a combination of both approaches. The refinement of psychiatric rehabilitation needs has achieved a point where it should be made readily available for every disabled person. But we have to be aware that there is a long way between research and practice. However, there should be improvement in the facilities of rehabilitation center for better prognosis of patient health.

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